



THE NELSON ARK
Compassion in Action



Foster Volunteer Application Form

Name: _____

Address: _____

Phone: _____ day: _____ evening: _____ mobile: _____

Email: _____

Why would you like to be involved in the foster program? _____

Which animals are you interested in fostering?

- | | | | |
|-------------------------|--------------------------|-------------------------|--------------------------|
| Kittens | <input type="checkbox"/> | Puppies | <input type="checkbox"/> |
| Cats with kittens | <input type="checkbox"/> | Bitches with puppies | <input type="checkbox"/> |
| Injured cats or kittens | <input type="checkbox"/> | Injured dogs or puppies | <input type="checkbox"/> |
| Sick cats or kittens* | <input type="checkbox"/> | Sick dogs or puppies* | <input type="checkbox"/> |
| Large animals | <input type="checkbox"/> | Rabbits and guinea pigs | <input type="checkbox"/> |

*Ideally this option should be chosen only if no other like animal is housed on your property.

What pets do you have at home?

Dogs: Males _____ Females _____ Ages _____ Vaccinated Y/N _____ Desexed Y / N _____

Cats: Males _____ Females _____ Ages _____ Vaccinated Y/N _____ Desexed Y / N _____

Other pets _____

Veterinarian's name _____ Phone number _____

Email: _____

May we contact your vet for a reference? Y / N

Have you fostered an animal before? Y / N

If yes please describe the animal and the situation _____

Have you owned other animals (not listed above) in the past 5 years? Y / N

What happened to those animals? _____

Do you rent your house/apartment? Y / N

If yes, do you have the landlord's permission to keep animals inside the house? Y / N

Landlord's name _____ Phone number _____

Do you consent to us calling your landlord? _____

Do ALL household members agree to you fostering animals? Y / N

Please list any special facilities for foster animals? (E.g. cage for confinement or separate area in house such as a laundry or spare room) _____

Where will your foster pets be kept when you are at home? _____

When you are NOT at home? _____

How many hours each day are you away from home? _____

Do you have children? Y / N If yes, what ages are they? _____

Have you ever had an animal in your house with a contagious disease? E.g. Snuffles, feline enteritis, parvovirus, ringworm Y / N

If yes please give details _____

Are you able to medicate your fosterlings if necessary? Y / N

How long are you able to foster the animals for? _____

Dog and puppy fostering

Do you have a fenced or secure area where foster dogs or puppies can be confined? Y / N

How many puppies can you comfortably accommodate? _____

Do you have any previous experience in the care of dogs or puppies? Y / N

If yes please give details _____

Would you be willing to allow anARK representative to make a home visit at a mutually agreed time? Y / N

For Nelson ARK office use
Landlord check
Date of property inspection
Date of vet reference check
Date of foster orientation
Comments
Fido check

CONSENT TO DISCLOSURE OF INFORMATION

Licensing and Vetting Service Centre
Office of the Commissioner
PO Box 3017
WELLINGTON

I,
(Surname) (First Name or Names)

.....
(Maiden Name or any other names used)

Gender: (Male or Female)

Date of Birth: Place of Birth:

Nationality:

Current Address:

NZ Drivers Licence Number:

hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to:

The Privacy Officer
The Nelson ARK
PO Box 3768
Richmond 7050

I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in section 7 of the Criminal Records (Clean Slate) Act 2004.

Signed:
****must be a signature under signed*** Date:

Please return with your volunteer application

COMMENTS OF THE NEW ZEALAND POLICE



FOSTER PARENT AGREEMENT

RETAIN THIS COPY FOR YOUR RECORDS

The Nelson ARK does not accept any liability for any direct or consequential damages arising out of this foster care agreement.

1. The animal(s) shall remain the sole property of the Nelson ARK.
2. The animal(s) shall be returned to The Nelson ARK upon request, or if I am no longer able to adequately care for them.
3. I accept the ARK may wish to inspect my property at any time.
4. Should the ARK be concerned about the treatment or care of the fostered animals they will be removed from my possession.
5. I agree to transport the fostered animals to the shelter when required by the Nelson ARK including attending veterinary appointments when necessary.
6. I understand that I do not have any right or authority to keep or place foster animal(s) in other homes or with other individuals. All arrangements must have the prior approval of, and be made through the foster co-ordinator.
7. I agree to provide food, water, shelter and TLC to the foster animal(s) and to follow all medical and other instructions.
8. I understand I must make arrangements with the foster co-ordinator before bringing the fostered animals in for treatment or to be returned.
9. I understand that all foster animals should be confined to areas away from my own pets for at least the first 10 days, if necessary, especially for the same species.
10. I understand that many viruses have an incubation period of 7-14 days, and I understand that my own pets may be at risk of contracting a contagious virus. I accept that risk and the responsibility of treatment of my own pets if necessary, at my own expense. In the unfortunate circumstances that my foster animals contract a virus (such as parvo virus) I understand that I may have a stand down period of up to 12 months. Before rejoining the foster programme This applies to cases such as parvo virus (dogs/puppies) and ringworm.
11. The Nelson ARK does not accept responsibility for damages done to property by foster animal(s) and that if my own pet /s becomes unwell due to contact with the foster animal/s then I will not expect the Nelson ARK to treat or to pay for my own pet/s vet bills.
12. I understand that in the event of illness or medical treatment needed for my foster animal(s), Nelson ARK veterinarians must be used.
13. I understand that in some circumstances the Nelson ARK may decide that euthanasia is necessary, and I agree to abide by this decision.
14. I agree to not leave young children unsupervised with these animals.
15. I agree to return any food, supplies and equipment to the Nelson ARK on completion of fostering.
16. I understand I must call the Foster Co-ordinator before bringing my foster animal(s) in for adoption or treatment.
17. This contract will remain in force while I am fostering animals on behalf of the Nelson ARK and it may be revoked at any time by either party.
18. I understand all time schedules for the return of foster pets are dependant upon space available in the shelter. I know that making 'room' for fostered animals could defeat the purpose of the entire programme and that sometimes this may cause delays in being able to return the animals to the ARK.

I Agree to and will abide by these conditions for the Nelson ARK's Foster Programme.

Applicant Signature _____

Date _____

Parent Signature (if applicant does not own the home) _____

Date _____



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5. I agree to transport the fostered animals to the shelter when required by the Nelson ARK including attending veterinary appointments when necessary.
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12. I understand that in the event of illness or medical treatment needed for my foster animal(s), Town and Country veterinarians must be used.
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Applicant Signature

Date

Parent Signature (if applicant does not own the home)

Date

Title- Foster Volunteer Application Form Date: 28-9-2006 Owner: Volunteer Manager